

Agenda – Monday, September 22, 2008
Draft Minutes – July 28, 2008

Index of Documents

Michigan Long-Term Care Supports and Services Advisory Commission
Meeting of September 22, 2008
Detroit, MI

Executive Committee Minutes – September 10, 2008

Department of Community Health – Highlights of FY 2009 Budget

Office of LTC Supports & Services Organization Description

Office of LTC Supports & Services System Transformation Section
Update

Michigan's Long Term Care Connections

LTCSS Advisory Commission - Budget Advocacy Discussion Points

LTCSS Advisory Commission – Commission State Budget Advocacy
(Possible Additional Sources of Funding)

Public Comment Written Testimony

Michigan Long-Term Care Supports and Services Advisory Commission
EXECUTIVE COMMITTEE
Teleconference Call
September 10, 2008
Minutes

Attendees:

Andrew Farmer-Chair

RoAnne Chaney-Secretary

Christine Chesny

Absent: Jon Reardon, Hollis Turnham

Peggy Brey, Director, OLTCCSS

Gloria Lanum, OLTCCSS

September's Commission Meeting Draft Agenda:

- Farmer will e-mail the draft publicity flyer to Executive Committee members for input and approval with the expectation that the flyer will be ready for distribution by call of business, Monday, September 15.

Chaney suggested that the flyer should be inclusive of all public officials not just what the presidential candidates can do to reform long-term care.

Morning session

- Public input hearing focusing on voter concerns with the Task Force Recommendations.

Afternoon session

- A briefing is planned by the Department's budget officials on thoughts on potential themes in the Governor's FY 2010 state budget proposal drafts, and any timelines the Commission should be aware of to be proactive with regard to advocacy related to the budget.
- An overview will be provided by the Office of Long-Term Care Supports and Services on emerging strategic planning activities and interfacing with the Advisory Commission including its workgroups, and present the latest data on the SPEs, evaluation efforts, and overall quality management plans.
- Farmer distributed a draft state budget advocacy internal survey for thoughts and input on consensus areas for this year's advocacy position and messaging. Chaney and Chesny thought the document included too much to think about. Chaney will work with Turnham to edit the survey and develop a framework and set of questions. Chaney suggested that the survey could wait until after the Department's budget briefing.

Gloria Lanum briefed members on the state of logistical arrangements for the September meeting.

The next meeting of the Michigan Long-Term Care Supports & Services Advisory Commission is Monday, September 22, 2008, from 10:00-4:00 p.m., in Detroit at the Detroit Wayne County Long-Term Care Connection Office.

There being no further discussion, the meeting was adjourned.

DEPARTMENT OF COMMUNITY HEALTH - HIGHLIGHTS OF FY2009 BUDGET

NURSING HOMES	GROSS	GF/GP
FY2008 APPROPRIATION	\$1,554,146.8	\$282,892.1
Adjust FMAP from 58.10% to 60.27%	\$0.0	(\$33,394.2)
Recognize Loss of Merit Award Revenue	\$0.0	\$83,143.8
Caseload, Inflation & Utilization	\$31,162.1	\$8,554.4
Correct FY2008 Financing Between Nursing Homes & HCBS Waiver	(\$2,005.7)	(\$2,005.7)
Transfer Money Follows the Person Grant to the Waiver	(\$7,491.8)	(\$2,976.5)
Finance 2.5% of Variable Cost Component Increase with QAAP	\$0.0	(\$12,420.3)
Increase Nursing Home QAAP Retainer & Adjust QAAP to Actual	(\$19,316.0)	(\$1,573.5)
Re-invest Nursing Home Savings into Community Services	(\$32,429.2)	(\$12,916.3)
FY2009 BUDGET	\$1,524,066.2	\$309,303.8

HOME & COMMUNITY BASED WAIVER PROGRAM	GROSS	GF/GP
FY2008 APPROPRIATION	\$123,800.3	\$51,872.3
Adjust FMAP from 58.10% to 60.27%	\$0.0	(\$2,686.5)
Caseload, Inflation & Utilization	\$2,847.4	\$1,909.1
Correct FY2008 Financing Between Nursing Homes & HCBS Waiver	\$2,005.7	\$2,005.7
Transfer Money Follows the Person Grant to the Waiver	\$11,825.1	\$2,976.5
Recognize Wayne County Local Support for Waiver	\$667.0	\$0.0
Add Specialized Residential to Waiver Program-Reinvest NH Savings	\$7,054.5	\$2,802.7
Add MSHDA Affordable Assisted Living Waiver-Reinvest NH Savings	\$1,277.5	\$507.5
Reduce Waiting List for Waiver-Reinvest NH Savings	\$10,001.9	\$3,973.8
FY2009 BUDGET	\$159,479.4	\$63,361.1

PACE PROGRAM	GROSS	GF/GP
FY2008 APPROPRIATION	\$11,200.0	\$4,692.8
Adjust FMAP from 58.10% to 60.27%	\$0.0	(\$243.0)
Expand PACE to Calhoun & Muskegon Counties-Reinvest NH Savings	\$4,050.0	\$1,609.0
FY2009 BUDGET	\$15,250.0	\$6,058.8

- * Increased Personal Care Supplement from \$184.38 to \$192.38 for individuals in Foster Care/Homes for the Aged
- * Boilerplate Report - Progress Report on Long-term care Managed Care
- * Improvements to data collection for individuals Waiver Waiting List

DEPARTMENT OF COMMUNITY HEALTH - FY2010 BUDGET

- * Continue to recognize nursing home transitions into community-based services programs
- * Recognize full-year cost of FY09 community-based services program expansions - PACE, Specialized Residential, MSHDA Affordable Assisted Living Waiver & Money Follows the Person Grant
- * Favorable federal Medicaid rate - From 60.27% to 63.19%
- * FY2010 Budget - Initiates in the House

Sections:

- a) **Administration-** Director, Admin, Policy/finance, Contracts, HR, Web, Advisory Commission
- b) **Evaluation and Quality Improvement Section**
- c) **Long Term Care System Transformation Section**
- d) **Data Investigation and Analysis Section**

Evaluation/Quality Improvement Section (Quality/Program Evaluation)

This section is responsible for day-to-day administration and management of quality management review and development activities, including development of policies, procedures and standards, assessment of trends and issues, and coordination of activities with local, state and federal governmental agencies, i.e., oversight of system-based evaluation processes, and the conduct of quality assurance performance reviews of publicly funded long-term care programs. This section is charged with improving the quality of consumer supports and services, organization efficiency and effectiveness within Michigan's Medicaid-funded long-term care system, and conducting extensive research and analysis to reform long-term care supports and services in Michigan.

Long Term Care System Transformation Section (Program)

The Section is responsible for providing product development, management and coordination in the review of current long term care services and supports. Through a coordinated approach, strategic plans will be developed, including performance measures, timelines, and deployment tactics, for the Long Term Care Task Force recommendations. Additionally, this section will identify long term care reform opportunities. It will assist in the creation of an integrated, seamless, long term care system that provides a variety of programs and services at the local and state levels. This Section will be responsible for establishment of visible and trusted sources of accurate, unbiased information regarding the financing and delivery of long-term care services and streamlined access to services and supports.

Data Investigation and Analysis Section (Data)

This Section will coordinate the use of data across multiple initiatives seeking to improve and balance long term care supports and services across the state. It will assist in unifying the department's efforts to produce sound management information and reports, with the addition of common national measures that will allow comparisons across the states.

Office of Long-Term Care Supports and Services

System Transformation Section Update

Nora Barkey

Michigan Department of
Community Health

Update on Task Force Recommendations

- Vision, Governor's Executive Order
- Systems Transformation Section
- Process to Move ahead on TF Recommendations
- Nine Recommendations
- Change

INFORMED CHOICE

LTC Task Force Vision

Within the next ten years, Michigan will achieve a high quality, easily accessible system of publicly and privately funded long-term care supports. These supports will include a full array of coordinated services available wherever an individual chooses to live and will be mobilized to meet the needs of each person with a disability or chronic condition, of any age, who needs and wishes to access them.

The Office shall do all of the following:

1. Administer activities to implement the recommendations of the Task Force.
2. **Coordinate state planning** for long-term care supports and services.
3. **Review and approve long-term care supports and services policy** formulated by state departments and agencies for adoption or implementation.
4. Conduct efficiency, effectiveness, and quality assurance reviews of publicly-funded long-term care programs.
5. Identify and make recommendations to the Director of the Department regarding opportunities to increase consumer supports and services, organizational efficiency, and cost-effectiveness within Michigan's long-term care system.
6. Prepare an annual report for the Director of the Department and the Governor on the progress of implementing the recommendations of the Medicaid Long-Term Care Task Force Report.
7. Oversee the implementation of the single point-of-entry demonstration programs required under Section VI.

Office of Long-Term Care Supports and Services: System Transformation Section

- Section Development
 - Staffing
 - Planning
- Values/Theoretical Framework
- Process to Begin

Streamlined Access

Values/Framework

- Task Force and OLTCCS Look to Best Practice and Evidence Based Practices
 - Experience improves with control
 - Behavior Change Theory
 - Cash and Counseling Demonstration learning
 - Single Point Of Entry – lessons learned
- System Transformation Section Planning
 - Change, Best Practice and Evaluation are linked
 - Diffusion of Innovation; Plan Do Study Act; ReAIM
 - Consumer voice and Transparency

INFORMED CHOICE

Elements of Change Projects

- Cuts across organizational boundaries
- Has defined start and completion dates
- Generates observable, measurable results
- Requires significant change in both attitudes and the way work is performed
- Creates both active and passive resistance
- Requires a dedicated change team

ability to exert control

Process

- Task Force Recommendations and Benchmarks Status
- Establish dialogue with work groups and chairs and members
- Identify and involve other stakeholders who can support Recommendations
- OLTCCS Systems Transformation Section prioritize and process strategies based on current environment
- Continuing exchange with work group for feedback and action
- Work with QM and Data Section staff

INFORMED CHOICE

Adopt financing structures that maximize resources, promote consumer incentives, and decrease fraud

TASK FORCE	Activities/status	STG	Grants	Boiler Plate	comments
Recommendation# 9: Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.	Case Mix workgroup at MSA for NR. UC and other waiver under review at decision making levels of DCH.	Goal 5: Create a system that more effectively manages the funding for long-term supports that promote community living options	MFP. Protocol: Creates an efficient continuum of long term community services and supports including in-home services, supports coordination, respite care, hospice, chronic supports coordination provided in a person's home or assisted living setting, as well as nursing facility care, institutional hospice care, chronic supports coordination, primary care, and acute hospital care services.	Sec 1775 study feasibility of using managed care to deliver Medicaid long-term care services: sufficient number of organizations interested, extent of services provided, estimate changes in ltc expenditures, report study June 1 st , progress report June 1 st	Met with Chris and Jon on 8.25.08. The Workgroup has focused on Case Mix and does have a tracking document which Chris will send to me.

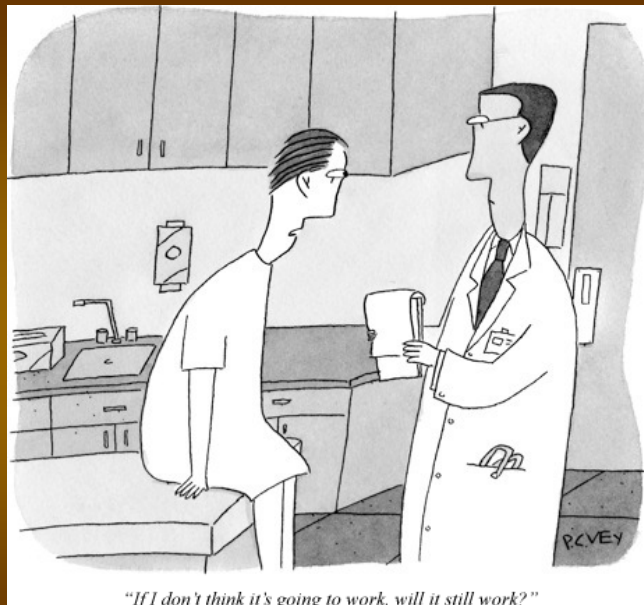
Task Force Recommendations

- 1: Require and Implement Person-Centered Planning Practices.
- 2: Improve Access by Adopting "Money Follows the Person" Principles.
- 3: Create Single Point of Entry Agencies for Consumers
- 4: Strengthen the Array of Services and Supports (Expanding the Range of Options).
- 5: Support, Implement, and Sustain Prevention Activities through (1) Community Health Principles, (2) Caregiver support, and (3) Injury control, Chronic Care Management, and Palliative Care Programs that Enhance the Quality of Life, Provide Person-Centered Outcomes, and Delay or Prevent Entry in the LTC system.
- 6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.
- 7: Establish a New Quality Management System.
- 8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices
- 9: Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.

Key activities that cross recommendations

- Person Centered Thinking and Planning integrated across the array
- Integrated pre-paid model
- Universal Assessment
- Public Education: Health Promotion, Choice, Health Literacy, Care giver supports
- Future of Single Point of Entry/Long Term Care Connection
- Build Provider Capacities to Deliver Quality Services

INFORMED CHOICE



INFORMED CHOICE

Michigan's Long Term Care Connections

- Access to Services
- Informed Choice
- Consumer Control

Office of Long Term Care Supports & Services
Michigan Department of Community Health



Milestones....

- Governor's Long-Term Care Task Force: May '05
- Governor's Executive Order 2005-14: June '05
- Legislative Approps. created demonstrations: July '06
- Information & Assistance: start up Oct '06 - Jan '07
- PA 634: January '07
- Options Counseling: start up Jan - April '07
- Level of Care Determinations: Nov '07
- MIS system: Bowman System's Service Point

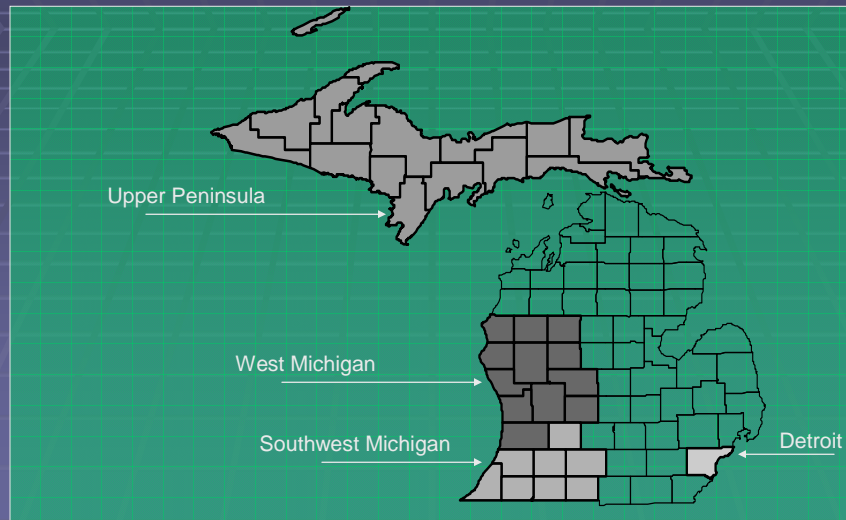
Why LTCC is needed?

- Single point of entry for comprehensive long term care information & assistance
- LTC service system is easier to navigate with information & support
- LTC costs & population increasing
- Most people do not plan ahead for LTC
- Moving among service options is challenging

Access To Information, Assistance & Services

- Information & Assistance provided to > 31,419 contacts (Oct '07 – Aug '08)
- Four LTCC Demonstration Projects
- Toll Free number: 1-866-642-4582

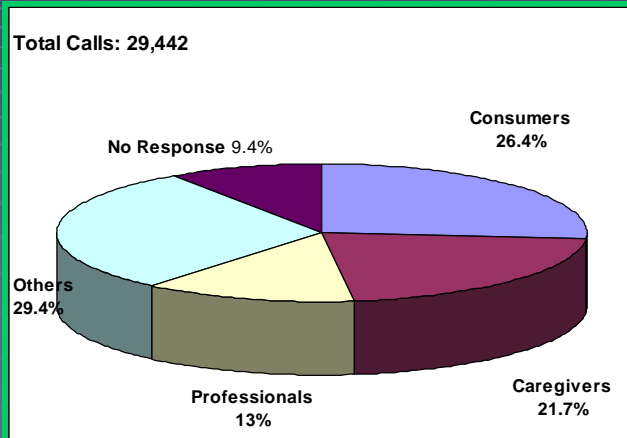
SPE DEMONSTRATIONS: Michigan's LTC Connections



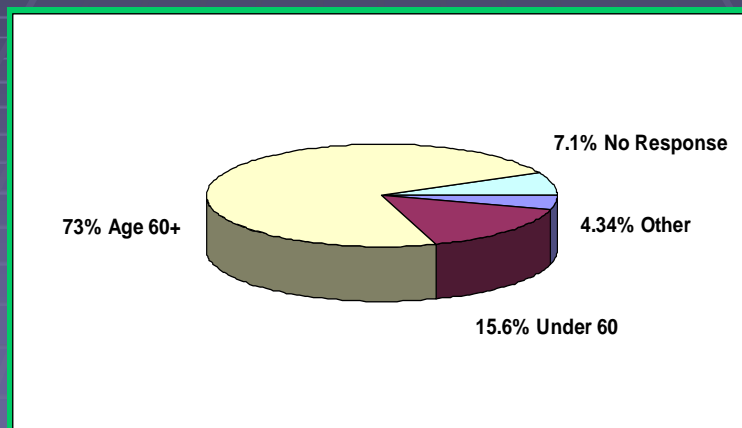
Four Demonstration Sites

- **Detroit**
 - Cities of Detroit, Grosse Pointe (GP), GP Farms, GP Park, GP Shores, GP Woods, Hamtramck, Harper Woods, Highland Park
- **Southwest Michigan**
 - Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren counties
- **Western Michigan**
 - Allegan, Ionia, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties
- **Upper Peninsula**
 - Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft counties

I & A Callers by Type: Oct 2007 - August 2008



Age of Consumer: October 2007- August 2008



Where did caller hear about LTCC?

▪ LTC Facilities	▪ 25%
▪ Agency Referral	▪ 22%
▪ Hospital/Dr/SW	▪ 11%
▪ Family/Friend	▪ 11%
▪ Unknown	▪ 10%
▪ Other	▪ 9%
▪ No Response	▪ 7%
▪ Media	▪ 3%
▪ Community	▪ 2%

I & A Top Referrals October 2008 - August 2008

▪ Options Counseling and/or Level of Care Determination	▪ 6,911
▪ State Medicaid Waiver Program	▪ 2,628
▪ Home Delivered Meals	▪ 2,590
▪ Medicaid Prior Authorization	▪ 1,279
▪ Area Agency on Aging	▪ 1,160
▪ Medicare Information/Counseling	▪ 793
▪ Case Management	▪ 467

(caller may have more than one need identified)

LTC Planning with OC

Consumers receive information about available services with help from options counselors:

- how to use own resources
 - find needed help
 - control own budget
-
- Resource Data Base > 7,000 providers
 - 176 Community Education Presentations to > 8,900 persons
 - 395 Outreach Activities & over 34,300 brochures distributed

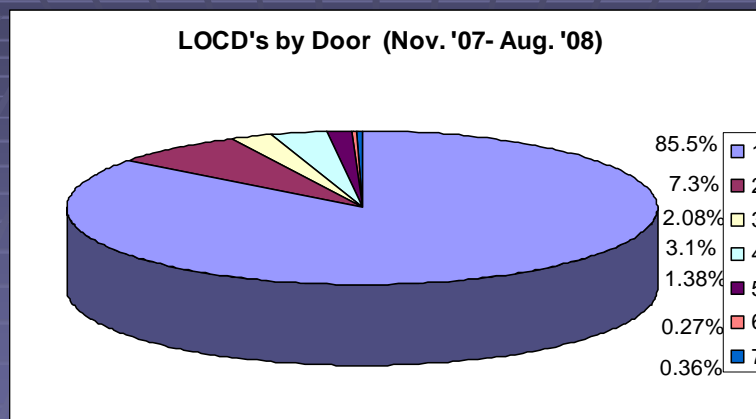
Information & Assistance Survey Results

- | | |
|---|-------|
| ■ Received Information I wanted | ■ 93% |
| ■ Understood the information | ■ 98% |
| ■ Person treated me with respect | ■ 98% |
| ■ The information I received gave me choices | ■ 97% |
| ■ I used the information I received to make decisions | ■ 94% |

OC Public Benefits Counseling Nov '07 – Aug '08

- Functional eligibility determined per MA policy
 - > 10,200 Level of Care Determinations
- Consumers receive options counseling re:
 - ☞ long-term care services
 - ☞ financing & benefit eligibility
- Consumers learn about LTC costs in various service settings
- Medicare & Medicaid benefits reviewed, explained & applied to individual financial status

LOC by “door”



Consumer Choice & Control

Consumers make informed choices for residential settings & services that best meet individual needs & preferences

- > 7,896 Option Counseling cases opened
- > 841 persons assisted with Nursing Facility Transitions.

LTC Support Plan developed with Options Counselor

- History, personal strengths, & abilities
- Individual preferences
- Functional needs/health
- Financial benefits & individual status
- Informal supports (family, friends, neighbors)
- Options—unbiased information on array of services
- Goals, Actions & Who's responsible
- Match available long term care options with identified goals

Option Counselor Survey results: October 2008 thru August 2008

- | | |
|--|-------|
| ▪ The LTCC helped me figure out what I want my life to be like | ▪ 84% |
| ▪ The LTCC helped me set my care goals | ▪ 87% |
| ▪ The LTCC helped me learn how to advocate for myself | ▪ 83% |
| ▪ My OC presents me with a range of choices | ▪ 92% |
| ▪ My OC discussed ways to pay for services | ▪ 84% |
| ▪ My Options Counselor listens carefully to what I want | ▪ 99% |

Michigan's Long Term Care Connections



1-866-642-4582

www.michigan.gov/ltc

www.MILongTermCare.org

McNabP@michigan.gov

Quality Management

- The first step in developing a quality management plan for any service is to clearly define how service is conducted
 - Providers & stakeholders reach consensus on how the service is actually being delivered
 - Identifies:
 - strengths & weaknesses in the service system
 - differences in planned vs. actual service delivery
 - gets everyone on the same page, i.e.,
 - consumer flow through system
 - common components used at service delivery sites is agreed on & known to all

Quality Management

The second step is to define a minimal level of performance expectations (operating standards) based on requirements or expected performance outcomes... how should the service operate? May address:

- Accuracy of info provided to consumers
- Timeliness of service delivery
- Structured protocols or guidelines that are most likely to produce positive quality outcomes

Includes involvement of staff & key stakeholders

Quality Management

- The third step is to develop a written QM plan:
 - Goals, tasks, strategies, timeframes & quality indicators (outcome metrics) for maintaining & improving quality
 - Who's responsible, who's involved?
 - Formal monitoring, tracking & updating of plan
 - Reporting intervals, evaluation & analysis of outcomes
 - Establish baseline (where we are now).... measurements before we begin so that we know if improvements are made or not

Quality Management

- Implement quality plan:
 - Into daily operational activities
 - All organization staff from the person who answers the phone to the Executive Director & Governing Board knows what 's in the plan
 - Actively works at identifying service issues & problems "Thank you very much" whenever someone brings a problem to attention... an opportunity to make improvement
 - Make corrections, as frequently, as necessary

Quality Management

- Quality in Human Services is defined as meeting and/or exceeding consumer expectations
- Quality in Michigan's LTC System is an individual experience
- Success is defined as meeting the needs of those we serve

Contact Information

- Pamela McNab, Manager, Evaluation & Quality Improvement, OLTCS
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- atchuee@michigan.gov

LTCSS Commission

Budget Advocacy Discussion Points

The Long-Term Care, Services and Supports Advisory Commission has a charge of advocacy to:

- Serve in an effective and visible consumer advocacy role for improving the quality of and access to long term care supports and services.
- Participate in the preparation and review of a comprehensive statewide plan and resources plan. . .to address and meet identified consumer preferences and needs.
- Discuss potential changes in policy that would encourage more effective provision of long term care supports and services

To meet this charge, one of the important advocacy areas for the Commission to consider is how various state departments budgets support Task Force recommendations and the array of long-term care, services, and supports. The following are discussion questions and are presented to assist the Commission to establish the framing, scale and scope of its budget advocacy efforts.

- Should the Commission focus its advocacy efforts narrowly on specific long-term care items or more broadly to general budget areas which may affect long-term care?
- If we focus more broadly, what specific budget cuts, revenue enhancements, or both, should be supported by the Commission?
- What other creative ideas are possible and appropriate for needed LTCSS funding?
- How should the Commission's budget advocacy efforts be framed, timed, and implemented?

MICHIGAN LONG TERM CARE SUPPORTS & SERVICES ADVISORY COMMISSION
MONDAY, September 22, 2008
Commission State Budget Advocacy

Possible additional sources of funding:

- Keep QAAP entirely - all FMAP
- HCBS patient pay
- Re-examine sr. tax breaks
- Casino tax
- Revise PASSAR
- \$ people/prisons
- Pretax (IRA)
- Examine tax expenditures
- Flat tax vs. progressive tax

* Retain EO charge elements = framing advocacy

- MET style program @ LTC
- Statewide trust for LTC
- Recalculate federal MAP based VEBA
- VT model increase private rooms – savings back to HCBS
- Private pay buy-in
- Estate preservation
- Keep estate recovery \$
- Entertainment tax
- State LTC insurance

Explore less passive advocacy tactics

Legislator targeting

- newly elected
- education

Administration targeting

- OMB/Overbey



1423 Field Avenue, Detroit, Michigan 48214
(313) 924-7860 Administration
www.awbs.org

**MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY
COMMISSION PUBLIC HEARING ON LONG-TERM CARE**

Monday, September 22, 2008

Remarks submitted by Karen Schrock, President & CEO
Adult Well-Being Services

Good morning. Thank you for the opportunity to testify on long-term care supports and services. I am here to represent Adult Well-Being Services (AWBS).

AWBS speaks on behalf of more than 7,500 older adults, adults with developmental disabilities, seniors with mental illness, grandparents raising grandchildren, and their families who utilize federal and state funded caregiver support, respite, home and community based services. Through their stories, AWBS knows first-hand the need for increased caregiver and long-term care supports and services that are home and community-based. Current funding for these services is woefully inadequate.

We are all familiar with the statistics about our rapidly growing aging population. By 2030, it is estimated that one in four households in Southeast Michigan will have someone who is 65 years or older. Now is the time for more funding and better policies so that we can plan and prepare to support caregivers, their loved ones and everyone else who wishes to grow old in their own home, neighborhood and community.

For fifty-five years, AWBS has advocated for a strong long-term care system which offers a variety of services, housing and community-based options for older adults. We hope and urge that this Advisory Commission will recommend increases in funding for these three long-term care priorities:

1. Caregiver support and training for caregivers;
2. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and;
3. Expanded home and community based services for programs such as personal care, homemaker and chore services to prevent or delay the costs of nursing home entry and help nursing facility residents return to the community. These services should be available to support people on a sliding fee scale, rather than limited to the Medicaid waiver program as they are now.

The overall issue is that more and more of the people we serve are unable to afford the help that they need. The existing array of long-term care supports and services is narrow and categorically based, i.e., Medicaid waiver. The system is also characterized by a level of demand for assistance among our older population that exceeds the supply of most services.

Currently, almost one in four households is involved in caring for a relative or friend aged 50 or older. In Detroit, in 2005, it was estimated that there were 14,000 cases of dementia and that number has since grown, according to Wayne State University Institute of Gerontology statistics. Statistics for caregivers are not encouraging: **older caregivers have a 63% higher mortality rate than their non-caregiving peers** due to stress and neglecting their own health care needs.

We serve a large number of people with developmental disabilities who also have physical disabilities. Their parents are also struggling with their caregiver responsibilities. They have unique needs that should be addressed. We urge the Commission to consult with this group of caregivers for recommendations.

What we are also seeing is a growing number of baby boomers who are caregivers to their loved ones who are often elderly persons in need of long term care even though they are not necessarily frail or disabled. Yet they need frequent and ongoing help to maintain their independence at home.

We know all this but we still need to do more to strengthen public policies and programs to support caregivers – as quickly as possible. To help these caregivers, there are three specific issues on which we would like to work with the Commission to find solutions.

While there are limited programs available to caregivers about how they should take care of themselves and how they can get help, the information is not widely available. Even when that information is available, it is often not accessible due to cost. The help they need and that is available costs around \$18 – 20 per hour. Caregivers who are not Medicaid eligible know they should get help so they can have some relief from their duties but they can't afford it. Why should we invest in caregivers? Caregivers are often also paying the costs of maintaining their homes, which in turn keeps neighborhoods and our tax base stable. There have been numerous studies showing that the cost of providing home-based care is far less than the cost of providing care in a nursing facility. We urge this Commission to advocate for using these taxpayer savings in order to provide a caregiver allowance so these families can continue to receive the care and services they need to remain in their own homes.

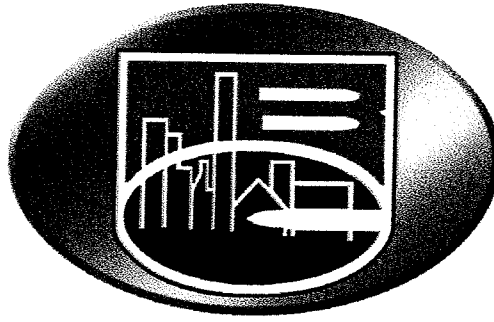
Another issue concerns the lack of adult evening care, similar to adult day care that is offered for people with dementia or Alzheimer's. People who work can only attend caregiving support groups in the evening, but there are no programs available to put their loved one in while they attend the group. They can't afford costs of in-home care. We need to provide resources and funding for evening care programs for this growing population of families.

Another growing population that will need increased services is people who are in early stages of dementia or have Parkinson's, who are still ambulatory and able to socialize with others. To put them in adult day care with people who are at later stages of dementia does not adequately meet their needs. We need funding for specialized day care programs for this group of people who would benefit from opportunities to be social and active with others who are at similar levels of functioning.

Finally, AWBS is partnering with a local hospital to implement a support group for caregivers of persons who have had a stroke. The advantage of holding support groups in a medical setting include having therapeutic recreation staff available at the same time at night to care for the loved one while their family member attends the support group. In our program, the proposed charge for this care will be an affordable \$10. More funding is needed in order to replicate this exciting and much-needed program in other clinical settings.

For the last year, I have served on the national home and community-based services cabinet that was convened by the American Association of Homes and Services for the Aging. This issue of providing adequate community-based services is receiving significant national attention and a report with recommendations from this cabinet will be released shortly. We urge this Commission to evaluate those recommendations for applicability in Michigan.

Sustaining our family caregivers and their ability to provide care at home or in the community is crucial to our health, long term care system and viable communities. In the end, we will end up paying far less for these services than for higher costs of institutionalization and nursing homes. We will have more vibrant communities, provide more appropriate care and save taxpayer dollars. Thank you.



September 22, 2008

Andrew Farmer

Chair, Michigan Long-Term Care Supports and Services Advisory Commission
Associate State Director, Health & Supportive Services AARP Michigan
309 North Washington Square, Suite 110
Lansing, MI 48933

Re: Michigan Medicaid Long-Term Care Task Force Recommendations

Dear Mr. Farmer,

Bridging Communities, Inc. has been serving the homebound elderly of Southwest Detroit for 28 years. We are a volunteer-based organization that uses the time and talents of volunteers and professional staff to meet any need an elder may have to remain in the homes of their choice. We pride ourselves in never saying "No, we can't do that." Early on in our work, we realized that the quality of life for an elder is directly related to the quality of the community in which they live. To this end, we have been instrumental in community organizing and recreating neighborhood identities and strengths. We have also built 2 independent elder living centers and have nearly completed our 24 townhomes for families and Grandparents Raising Grandchildren. We believe that the intergenerational relationships between the old and the young are crucial to the health of a neighborhood.

We strongly believe that elders should have the choice to remain in their community to receive a continuum of long term care. A continuum of long term care includes simple supportive services in the home including escorted transportation, yard work, house keeping, home delivered meals, and medication management to help maintain their functioning and prevent accidents that lead to hospitalizations to the other end of the continuum – around the clock nursing care. Without the elders in our community, we lose the wisdom that can be shared across the generations through regular interactions.

Elders emotionally rely on the support provided by their family, friends, and neighbors. When you move them out of their neighborhood, oftentimes those support systems are unable to follow them due to lack of resources – transportation, time, or money and you risk crushing the spirit of an elder. At the same time, the community loses the wisdom and the incredible amounts of experience.

The elders of Southwest Detroit currently do not have a choice for most long term care. We do not have an assisted living facility, nor a nursing home. When our elders require additional care, they have to move away

BRIDGING COMMUNITIES, INC.
6900 McGraw, Detroit, MI 48210
(313) 361-6377 ♦ fax (313) 361-6378
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from their support systems and our community has a glaring hole of losing that generation. Bridging Communities is working to change that. With help from partners like the Detroit Area Agency on Aging, we are working to expand the long term care options that our elders have. Our elder living centers currently partner with the DAAA to provide Medicaid Waiver Services to residents that need a higher level of care to remain independent, but those services are limited and in great demand. Additional slots are necessary. We are currently investigating options for providing residents with 24 hour care in their homes and for those residents who choose not to remain at home, and we are exploring additional opportunities for Southwest Detroit such as building a Greenhouse facility like the ones Presbyterian Villages have been so successful with.

With the baby boomers quickly aging, long term care will be redefined. They will not settle for the traditional continuum of care. We need to be creative and construct livable communities in which one can live, raise a family, and grow old in the supportive arms of their family, friends, neighbors, and community while offering their skills and knowledge to the next generations.

Please continue to require all of the service providers to think outside the box and creatively meet the true needs of our elders to be respected and contributing members of our society.

Thank you for your time.

Sincerely,

A handwritten signature in black ink that reads "Carrie Harnish, MSW". The signature is written in a cursive, flowing style.

Carrie Harnish, MSW
Executive Director

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